بسم الله الرحمن الرحيم

Emergency Medicine Specialty Co

uncil

Trainee Portfolio

Acknowledgement

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Content of the portfolio

Personal Data

Name:
National Training Number:
Telephone Number:
Address:
E- Mail:
Basic Medical Qualification:
University:
Year of graduation:

Date of Obtaining the First Part:

Date of Starting the Rotation:

Programmee structure of core training

Year one rotation

№	Rotation	Duration
1	Emergency Medicine	6
2	ICU/PICU	3
3	CCU	1
4	Anesthesiology	2

Month	Week
6	26
16	4
4	6

Year two rotation

Year three rotation

№	Rotation	Duration	
		Month	Week
1	Emergency Medicine	3	13
2	Pediatric Emergency	3	13
3	General Medicine	3	13
4	General Surgery	3	13

№	Rotation	Duration	
		Month	Week
1	Emergency Medicine	3	12
2	Neurosurgery	2	8
3	Emergency Radiology	1	4
4	orthopedics Surgery	2	8
5	ENT	2	8
6	Ophthalmology	1	4
7	Ob/Gynae	1	4
8	Elective	1	4

№	Rotation	Duration	
		Month	Week
1	Emergency Medicine	11	48

2	Emergency Medical Services	1	4

Year four rotation

№

Workshop

Date

Venue

Hospital

Rotation

Date started

Date ended

C. Trainer

General

- Research Methodology

- Evidence Based Medicine

- Computer and Presentation Skills\ TOT

Mandatory

Training post held

- SELS

To be signed by the clinical trainer after satisfactory completion of the training period

- BLS

Courses and workshops

- ACLS

- ATLS

№

Workshop

Date

Venue

1

- PALS

2

□□□ Advanced Air way Course

3

□□□□Mechanical Ventelation

4

□□□

5

6

Other Courses and workshops

№	Date	Status	Clinical Trainer
1			
2			

7

8

9

3

10

4

5

6

Evidence of Academic Achievement

7

№

Date

Status

Clinical Trainer

a. Discharge Clinic

1

8

2

9

10

4

11

5

12

№

6

Date

Tutorial presented

Status

C. Trainer

Status: A. ATENDED P. PRESENTED D.ACTIVE DISCUSION

1

7

8

b. Mortality & Morbidity Conference

2

9

3

10

4

11

5

12

6

7

c.Tutorials, Seminars or Lectures

8

These are scheduled teaching sessions with approved tutors and will cover various topics from the Curric ulum.

9

10

11

12

13

№	Date	Tutorial presented	Status	C. Trainer
		№		
		Date		
		Case Presented		
		Status		
		C. Trainer		
		1		
		2		
		3		
		4		
		5		

6

№

Date

Article presented

d. Case Presentation

Status

7

C. Trainer

1

8

2

9

3

10

4

11

5

12

6

№

Date

e. Journal Club

Others

13

7

Status

C. Trainer

1

14

8

2

15

9

3

16

10

4

11

5

12

6

f. Others

13

7

14

E.g. Conferences, CME, demonstrations, simulations, skill lab, ect.

8

15

9

Topic

10

Selection

Yes
No

Title

11

Date

2. Research project

12

Proposal

Presentation

Yes
No

13

Approval by Research committee

Yes
No

Approval by Ethic committee

14

Yes
No

Supervision

Supervisor:

Co- Supervisor:

№	Date	Action taken	Supervisor Signature
1			
2			

Research supervision meetings

№	Date started	Date ended	Edu. Supervisor/Academic
3			
4			
5			

Conv

Annual Leave

1

2

The purpose of a dissertation is to demonstrate that the candidate is able to carry out supervised research, has a grasp of the

Extra “specify”

research tools in the chosen field, and is familiar with the important publications on the subject. It should also demonstrate

3

that the candidate is able to communicate results and evaluate his/her own work and that of others criticall

3. Holidays sheet

4

Others “Suspension”

H

- Annual leave is one month divided in to two for 2nd and 3rd years of rotation
- Suspension is allowed one for one academic year during the training
- No annual leave or suspension is allowed during first year of training.

4. On job assessment [HBCA]

ospital-based clinical assessment refers to the assessment of what doctors actually do in practice and is
predominantly carried out in the hospital itself. Determine whether trainees are meeting the standards of
competence and performance specified at various stages in the curriculum for their training

· Provide systematic and comprehensive feedback as part of the learning cycle.

· Determine whether trainees have acquired the generic and specialty-based knowledge, clinical judgement, technical /
professional skills and behaviour required to practice at the level of specialist

· Address all the domains of Good Medical Practice

.

It provides a mean for assessment of area that requires evaluation of real performance in practice. Now wide spread
throughout medicine.

a. Mini CAX

Mini-Clinical examination Assessment

T

Trainee name
Educational supervisor
Training center
Specialty
Training hospital
Year of training
1
2
3
4

Mini-CAX is a method of assessing skills essential to the provision of good clinical care and to facilitate feedback.

· It assesses the trainees' clinical and professional skills on the ward, in Accident and Emergency, in outpatient clinics or other clinical setting.

· Trainees will be assessed on different clinical problems that they encounter from within the curriculum in a range of clinical settings.

· Trainees are encouraged to choose a different assessor for each assessment but one of the assessors must be his educational supervisor.

· The assessment involves observing the trainee interact with a patient in a clinical encounter.

· The areas of competence covered include: history taking, physical examination, professionalism, clinical judgement, communication skills, organisation and overall clinical care.

· Most encounters should take between 15-20 minutes.

· Assessors do not need to have prior knowledge of the trainee.

· The assessor's evaluation is recorded on a structured checklist that enables the assessor to provide developmental verbal feedback to the trainee immediately after the encounter.

· Feedback would normally take about 5 minutes.

Mini-CAX (Clinical Assessment Exercise) SMSB

What has been done good	Suggestion for development
Action agreed to be done	

Below expectation
Border line
Meets expectation
Above expectation
Unable to comment

Clinical setting for this assessment	CPD	In patient	A/E	OR	ICU	Other (specify)

1. History taking

Diagnosis of the case			
Focus of clinical case to be assessed	History	Examination	Other(specify) ----------

2.Physical examination

3.Communication skills

4.Clinical judgment

Time taken for observation		Time taken for feedback			
	6.Organization				

Assessor name.....

Signature.....Date .....

7.Overall clinical care

Direct Observation of procedure skill [DOPS]

DOPS is used to assess the trainees' technical, operative and professional skills in a range of basic diagnostic and interventional procedures, or parts of procedures, during routine surgical practice and facilitate developmental feedback.

✔ DOPS is used in simpler environments and procedures and can take place in wards or outpatient clinics as well as in the operating theatre.

✔ DOPS form can be used routinely every time the trainer supervises a trainee carrying out one of the specified procedures, with the aim of making the assessment part of routine surgical training practice.

✔ The assessment involves an assessor observing the trainee perform a practical procedure within the workplace.

✔ The assessor's evaluation is recorded on a structured checklist that enables the assessor to provide verbal developmental feedback to the trainee immediately afterwards.

✔ Trainees are encouraged to choose a different assessor for each assessment but one of the assessors must be the current assigned educational supervisor.

✔ Most procedures take no longer than 15-20 minutes.

✔ The assessor will provide immediate feedback to the trainee after completing the observation and evaluation. Feedback would normally take about 5 minutes.

✔ DOPS form is scored for the purpose of providing feedback to the trainee. The overall rating on any one assessment can only be completed if the entire procedure is observed. A judgement will be made at completion of the placement as to the overall level of performance achieved in each of the assessed surgical procedures.

Direct Observation of Procedural Skills

(Surgical DOPS) SMSB

Trainee name

Educational supervisor

Training center

Specialty

Training hospital

Year of training

Name of procedure

№ of procedure

Difficulty index

Easy

Average

Difficult

	Below expectation	Border line	Meets expectation	Above expectation
1. Describes indications, anatomy & details of procedure				
2.Obtain inform consent after explanation				
3. Prepares to procedure according to agreed protocol.				
5.Perform the technical aspects in line with guidelines				

U/C

1

2

3

4

5

4.Demonstrate good asepsis and safe use instrument/sharps

6.Deals with any unexpected events or seeks help

7.Complete required documentation

8. Issues clear postoperative instruction to patients/staff

9. Communicates with patients and staff professionally

What has been done good
Suggestion for development
Action agreed to be done

10. Overall ability to perform the whole procedure

Time taken for observation	Time taken for feedback

Assessor name Assessor position

Signature Date

Case- Based Discussion [CBD]

· This method is designed to assess clinical judgement, decision-making and the application of medical knowledge in relation to patient care in cases for which the trainee has been directly responsible.

· The method is particularly designed to test higher order thinking and synthesis as it allows assessors to explore deeper understanding of how trainees compile, prioritise and apply knowledge. CBD is not focused on the trainees' ability to make a diagnosis nor is it a viva-style assessment.

· The process is a structured, in-depth discussion between the trainee and assigned educational supervisor about how a clinical case was managed by the trainee; talking through what occurred, considerations and reasons for actions.

· It uses patient records as the basis for dialogue, for systematic assessment and structured feedback.

· As the actual record is the focus for the discussion, the assessor can also evaluate the quality of record keeping and the presentation of cases.

· Assessors need not have prior knowledge of the trainee and in some instances it may be important that they do not.

· Given the great variation in the rate of progress between individuals, absolute numbers of assessments are not prescribed.

- There is no limited numbers specified and it will be a matter of judgement for assigned educational supervisors and annual review panels to determine whether the experience element is sufficient when signing off their reports.

- Ideally, trainees and supervisors should use the assessment instruments during every training exercise i.e. at every possible opportunity.
- The great benefit of WBAs such as the CBD is that by obliging the trainer to review the performance of the trainee across the full range of components involved in the management of a case, a comprehensive picture of the trainee's strengths and weaknesses can be obtained and kept under review during the whole placement.

- Each CBD should represent a different clinical problem covered by the curriculum and have come from a range of clinical settings.
- The process may be initiated by the AES or the trainee, but it remains the responsibility of the trainee to take a proactive approach and to ensure that sufficient exercises are completed.

- The exercise comprises an in-depth discussion between the trainee and assigned educational supervisor about clinical cases with which the trainee has been involved.

- A quiet area may be preferred in some circumstances for a one-to-one interview, but used appropriately, a case presentation at a clinical meeting can provide an excellent setting.

- Should take no longer than 15 minutes and should be concluded with a debriefing, feedback and completion of the CBD form.

Case Based Discussion (CBD) SMSB

Trainee name
Educational supervisor
Training center
Specialty
Training hospital
Year of training

1. Medical record keeping
2. Clinical assessment
3. Investigation & Referrals
4. Treatment
5. Professionalism

Unsatisfactory
Good
V. good
Outstanding
Unable to comment

1. Diagnosis of the case
2. Focus of clinical case to be assessed
a. Medical record keeping
b. Clinical assessment
c. Management
d. Professionalism

Clinical setting for this assessment
OPD
In patient

6.Follow up &planning

7.Overall clinical care

What has been done good
Suggestion for development
Action agreed to be done

A/E OR ICU Other (specify)

№

Clinical Case

Participation in management

Clinical trainer

№

Clinical Case

Participation in management

Clinical trainer

Time taken for observation

Time taken for feedback

Observer

Supervised

Independent

Observer
Supervised
Independent

Assessor name Signature Date

5. Log of Clinical Cases

This section will contain lists of interesting clinical problems encountered. These lists will highlight the experience gained by the trainee with respect to topics mentioned in the Curriculum. Cases of each and every rotation should be written in a separate papers and affix into the Portfolio.

Rotation: ----------

№

Procedures and skill
Participation in the procedure
Clinical trainer

Observer
Supervised
Independent

1№ Log of Procedures and Skills

Procedures and skill
Participation in the procedure
Clinical trainer

Observer
Supervised
Independent

This section will contain lists of procedures and skills encountered. These lists will highlight the experience gained by

the trainee with respect to topics mentioned in the Curriculum. Procedures and skills of each and every rotat ion should

be written in a separate papers and affix into the Portfolio.

Rotation: ----------

Rotation: ----------

Assessment of the logbook

Frequency
Responsibility of the

1
Weekly
Clinical Trainer

2
One –two monthly
Educational supervisor \Academic

3
Annually
Specialty Training Committee

4
End of Training
Specialty Examination Committee

Essential reports

a. Training report

b. Rotation evaluation by trainee

c. Trainee Evaluation form

d. Rotation Evidence

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المجلس القومي السوداني للتخصصات الطبية

Sudan Medical Specialisation Board (S.M.S.B)

CENTRAL TRAINING COMMITTEE

TRAINING REPORT

1. Basic Information

Name
Year of training
1
2
3
4
Specialty
Rota
Date started
Date ended
Training Centre
Hospital
Clinical trainer
Educational supervisor
Training programme director

2. Weekly Timetable

1
Saturday

2
Sunday

3
Monday

4
Tuesday

5
Wednesday

6
Thursday

3. Details of On-Call Rota

Start of the shift
Mid-shift
End of the shift
Date

Review of training report

4. Dates of Appraisal Meetings with Supervisor

Portfolio

Other issues

Assessment
(date & assessor)
Start of the shift
Mid-shift
End of the shift

5. Dates of Assessments by Educational Supervisor and Other Assessors

Clinical Skills

2
Procedural Skills

File copies of completed assessment forms and logbook summaries in your portfolio.

3
Decision-Making

4
Other assessments: (Specify)

6. Details of Audit

The following project was agreed at the first meeting and evaluated at the end:

File copies of any presentations or publications in your portfolio.

Objective

Evaluation

7. Educational Achievements

Dates
Description of Course or Exam (and Outcome)

1

2

3

4

File a copy of your in-house educational programme and attendance plus any certificates for courses or exams in your portfolio

8. Absence from Training

Dates
Reason for Absence

1

2

3

Document any periods of absence from your post except for annual and study leave e.g. sick leave, maternity leave, and compassionate leave.

9. Summary by Educational Supervisor at Last Meeting

- Overall strengths
- Areas for development after review of portfolio
- PDP
- Educational objectives
- Hospital-based clinical assessments
- Educational achievements

- Significant events

- Periods of absence

10. Suggested Learning Objectives for Next Post

11. Signatures

Registrar Name	Educational Supervisor
Signature	Signature
Date	Date

المجلس القومي السوداني للتخصصات الطبية
Sudan Medical Specialisation Board (S.M.S.B)

CENTRAL TRAINING COMMITTEE

5. The opportunity to see acute emergency cases.

6. The opportunity to see consultations.

ROTATION EVALUATION FORM

7. Ward rounds.

8. Clinical Meetings / Lectures

9. Journal Club

10. Audit (e.g. Morbidity / Mortality)

Rotation:	Unsatisfactory 1	Deficient 2	Good 3	V.Good 4	Outstanding 5	N/A
1. The number of in-patients cases seen was appropriate.						
2. Inpatients cases demonstrated a broad range of clinical						

problems.						
3. The number of out-patients cases seen w as appropriate.						
4. Outpatient cases demonstrated a broad range of clinical problems.						

Specialty

Training Centre

Hospital

Academic year

1

2

3

4

Name of Rota

Rotation №

Clinical Trainer

Educational Supervisor

Training Programme Director

Date

11. Clear learning objectives.

12. The number of procedures adequate.

13. Demonstration & Supervision of techniques.

14. Level of responsibility in patient care.

15. Patient management.

16. Quality of teaching on rotation.

Overall Quality of Rotation

17. My total workload was appropriate for the time available.

Comments:

Strengths

18. Adequate feedback from consultant / trainer on performance.

Areas for Improvement

19. Support and supervision was available and adequate.

20. Opportunity to do research.

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Sudan Medical Specialisation Board (S.M.S.B)

E M Speciality/Trainee portfolio/SMSB/2010

CENTRAL TRAINING COMMITTEE

Name

TRAINEE EVALUATION FORM

Specialty

Training Centre

Hospital

Academic year

1
2
3
4

Name of Rota

Rotation №

Clinical Trainer

Educational Supervisor

Training Programme Director

Date

1*
2*
3*
4*
5*
1
Obtaining relevant history.

2
Performing objective examination.

3
Requesting suitable investigations.

4
Data interpretation & synthesis of diff. diagnosis.

5
Deciding & putting into action correct treatment.

6
Reliable and honest.

8	In depth understanding of general clinical t opics.					
9	Regularly read about clinical problem encou nter					
10	Responsible and dependable					
11	Demonstrate leadership.					
12	Show initiative and integrity.					
13	Role model and mentor to junior doctors.					
14	Maintains code of ethics & patient confident iality.					
15	Maintain a presentable appearance.					
16	Communication with the patient and their fa milies.					
17	Interact effectively with other team member s.					
18	Plan, prepare for and carry out presentation .					
19	Punctuality					
20	Attendance & participation in academic acti vities					
21	Overall assessment					

7
Available and approachable
Responsive to your junior doctors.

Name of Clinical Trainer----------

Signature----------

Date----------

*1/ Unsatisfactory *2/ Deficient *3/ Good *4/ V. good * 5/ Outstanding

Procedures and skills

Airway Techniques

a) Basic Airway Techniques

b) Bag Valve Mask Ventilation / Mapelson “C” circuit

c) Intermediate airways – laryngeal mask, other

d) Tracheal Intubation

- Nasotracheal
- Orotracheal

e) Rapid sequence induction (not in children)

f) Difficult intubation techniques (bougies, introducers and alternative laryngoscopes)

g) Mechanical ventilation (not in children)

h) Surgical Airway Techniques

- Percutaneous transtracheal ventilation
- Cricothyroidotomy

i) Techniques for upper airway obstruction

- Heimlich manoeuvre

j) Pharmacological agents in airway management

k) Tracheal suctioning

Pulmonary Procedures

a) Oxygen delivery techniques

b) Needles thoracentesis

c) Tube thoracostomy

d) Non-invasive ventilation (not in children)

- CPAP
- BiPAP

Cardiac Procedures

a) Cardiopulmonary resuscitation (CPR)

b) Carotid Sinus Massage

c) Direct Current Electrical Cardioversion

d) Defibrillation

e) Emergency Transthoracic Cardiac Pacing

f) Pericardiocentesis

g) Resuscitative thoracotomy (not in children)

Vascular Access Techniques and Volume Support Techniques

a) Arterial puncture and cannulation

b) Peripheral intravenous access

c) High flow infusion techniques

d) Venous cutdown (not in children)

e) Central venous catheterisation techniques (including ultrasound guided)

- Subclavian (not in children)
- Internal jugular (not in children)
- Femoral

f) CVP measurements

g) Intraosseous infusion

h) Endotracheal drug administration

i) Blood and Blood Product Transfusion

j) Accessing indwelling vascular lines

Vital Signs Measurement

a) Clinical vital signs

b) Non-invasive monitoring

c) Invasive monitoring

Gastrointestinal Procedures

a) Orogastric tube placement

b) Balloon tamponade of gastroesophageal varices

c) Diagnostic peritoneal lavage
d) Hernia reduction
e) Proctoscopy and sigmoidoscopy
f) Management of thrombosed external haemorrhoids
g) Management of rectal foreign bodies
h) Management of rectal prolapse

Musculoskeletal Techniques

a) Immobilisation techniques

- Application of a Broad Arm Sling
- Application of a Collar and Cuff
- Application of a Knee Immobiliser
- Application of a Donway / Hare Splint
- Application of a Thomas Splint
- Pelvic Stabilisation Techniques

b) Fracture/dislocation reduction techniques

- Shoulder Dislocation
- Elbow Dislocation
- Pulled elbow
- Phalangeal Dislocation
- Supracondylar Fracture with limb threatening vascular compromise
- Colles Fracture
- Bennett’s Fracture

- Simple phalangeal fractures and dislocations
- Patellar Dislocation
- Knee Dislocation with limb threatening vascular compromise
- Ankle, subtalar, toe dislocations

c) Plaster Techniques

- Above and below elbow back slab and POP
- Saphead POP
- Bennett's POP
- Volar Splint
- U SLAB
- Above and below knee back slab and POP

d) Spinal immobilisation techniques/log rolling

e) Arthrocentesis

f) Compartment syndrome Management

Genitourinary Techniques

a) Bladder catheterisation

- Urethral catheter
- Suprapubic catheterisation (not in children)

b) Testicular detorsion

c) Manual Reduction Paraphimosis

d) Needle Aspiration of Corpora Cavernosa

Obstetric and Gynaecological Procedures

a) Delivery

- Normal delivery
- Abnormal delivery

b) Examination of the sexual assault victim

c) Gynaecological Speculum Examination

Neurological Procedures

a) Lumbar puncture and CSF examination

Ophthalmic Procedures

b) Use of slit lamp

c) Rust ring removal

d) Ocular foreign body removal

ENT Procedures

a) Control of epistaxis

- Anterior packing
- Posterior packing

and balloon placement

b) Foreign body removal

c) Aural toilet/wick inser tion

Emergency Dental P rocedures

a) Dental anaesthesia

b) Dental socket suture

Emergency Departm ent Diagnostic ultrasound

a) F.A.S.T & E.F.A.S.T
b) BLUE protocol
c) RUSH protocol
d) Emergency DOPLLAR SONOGROPHY
e) Emergency ECHO

Universal Precautio n

Ultrasound – F.A.S.T